

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90203 044 ****61.25



DOCUMENT # 711949

1. Entity Name

CATALINA ISLES/SKYLARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

740 FIRST ST
 MERRITT ISLAND FL 32953
 US

740 FIRST ST
 MERRITT ISLAND FL 32953
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-1631990

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSEY, SHARON S
740 FIRST ST
MERRITT ISLAND FL 32953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon S. Ramsey Treasurer Sharon S. Ramsey 3-11-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P ABT, HANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1235 MONTEGO BAY DR., N.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	D THOMAS, CAROLYN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	830 WAIKIKI DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	V FRAZIER, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	250 TIKI DR. 440 Poi Ct	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	D GAUDREAU, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	490 SAN CRISTOBAL CRT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	T RAMSEY, SHARON S	<input type="checkbox"/> Delete
STREET ADDRESS	740 FIRST ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE NAME	S ABT, JANET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1235 MONTEGO BAY DR. N.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE NAME	V Colaiacova John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	170 Becora	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE NAME	S. Pat Straube	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	290 Surf Spray	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE NAME	P Frazier, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	440 Poi Ct	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE NAME	D Grey Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	860 Koloa Dr	
CITY-ST-ZIP	Merritt Island FL 32953	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon S. Ramsey Sharon S. Ramsey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-04

321 449-9956